

HOW TO DISMISS YOUR ATTORNEY

This form should be completed if you no longer wish to be represented by your attorney.

Complete the form. Follow the attached sample. Be sure to sign and date the form.

If your attorney has filed your case with the Workers' Compensation Appeals Board, send the original form to the WCAB. If no case has been filed, keep the original form for your records. Send a copy to the attorney you are dismissing and to the insurance company. Mail a copy of this form to all other parties involved in your case.

Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local I & A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD

DISTRICT OFFICES

ANAHEIM, 92801 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	SALINAS, 93906 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
EUREKA, 95501-0421 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	SAN JOSE, 95113 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	SANTA ANA, 92701-4080 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
LONG BEACH, 90802-4460 300 Oceangate Street, 3 rd Floor Information & Assistance Unit	(562) 590-5240	SANTA MONICA, 90405-5200 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
LOS ANGELES, 90013 340 West 4 th Street, 9 th Floor Information & Assistance Unit	(213) 576-7389	SANTA ROSA, 95404 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

your name

) Case No. *your WCAB case number*

)

)

)
Applicant,)

vs.

*your employer and
insurance company*

)

)

)

)

)
Defendants

**Notice of
Dismissal of Attorney**

I, *your name*, applicant in the above-entitled
case, have heretofore been represented by *name of your attorney*
as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time
and wish to have future documents served upon me and not on my former attorney.

Copies of this notice
were mailed to the following:

(1) your attorney

(2) insurance company

(3) WCAB

(4) other parties

on *date mailed*

(Date)

your signature

(Applicant)

your address

(Address)

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

) *Case No.*

)

)

) *Applicant,*

)

vs.

)

)

)

) *Defendants'*

**Notice of
Dismissal of Attorney**

I, _____, applicant in the above-entitled case, have heretofore been represented by _____ as my attorney of record. I have dismissed said attorney and have no attorney whatsoever at the present time and wish to have future documents served upon me and not on my former attorney.

Copies of this notice
were mailed to the following:

on _____

(Date)

(Applicant)

(Address)